

Work-Based Learning Homework Cover Page

Name: _____

Social Security Number: _____

Subject Area: _____

Teacher License Number: _____

School/County: _____

Home Address: _____

Telephone Number: _____



Work-Based Learning Homework

Projects to be submitted for completion of 40-hours WBL coordinator training

***Cover page: Please include your name, school system, school, social security #, subject area, and home address and phone number on a cover page. Place all assignments behind this page in the order listed below and staple or clip them together.**

Business Analysis / Community Survey	Using the forms provided, complete an analysis and survey of 2 potential employers (pp. 3-8).
Job and Class Integrated Activities	Develop 3 job-related activities that directly integrate with the lessons taught in the related class. These are in addition to required job duties. Please see samples (pp. 9-11).
Training Plan Development	Develop training plans for 2 sample jobs related to course. Use pages 12-15.
Training Agreement	Complete 1 sample training agreement. (pp. 16-17).
Business Internship Documentation	Submit proof of experience in business to satisfy the 2-week business internship requirement. Please see sample letter on page 18.

Each activity above must be completed and submitted to the state to complete the Training for Work-Based Coordinator. Consultants with the Department of Education will review projects.

Due Date: Thirty (30) days after training

Send to: Lisa Jones, Consultant, WBL
Tennessee Department of Education
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway
Nashville, TN 37243-0383

BUSINESS ANALYSIS

Business _____ Owner/Manager _____
 Address _____ City & Zip _____
 Contact Person _____ Title _____ Phone# _____
 Possible Job Titles _____

Factors	Yes	No	Comments
<ol style="list-style-type: none"> 1. Is the business involved in _____? 2. Does the business have job openings that match the career objectives of students enrolled in the course? 3. Does the work environment appear to be safe? 4. Are the facilities well maintained? 5. Is the business's equipment up to date? 6. Does the business have a reputation of stability in the community? 7. Do the business's current employees appear to be well-trained? 8. Is the location convenient for students? 9. Is the owner/manager willing to learn about the course? 10. Does the owner/manager exhibit a positive attitude toward employees? 11. Is the owner/manager willing to allow time for students to receive instruction on the job? 12. Is the owner/manager receptive to allowing time for student evaluation? 13. Is the owner/manager willing to assign a training sponsor to work with students? 			
Overall Evaluation <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Unacceptable			

Teacher-Coordinator _____ Date _____

BUSINESS ANALYSIS

Business _____ Owner/Manager _____
 Address _____ City & Zip _____
 Contact Person _____ Title _____ Phone# _____
 Possible Job Titles _____

Factors	Yes	No	Comments
<ol style="list-style-type: none"> 1. Is the business involved in _____? 2. Does the business have job openings that match the career objectives of students enrolled in the course? 3. Does the work environment appear to be safe? 4. Are the facilities well maintained? 5. Is the business's equipment up to date? 6. Does the business have a reputation of stability in the community? 7. Do the business's current employees appear to be well-trained? 8. Is the location convenient for students? 9. Is the owner/manager willing to learn about the course? 10. Does the owner/manager exhibit a positive attitude toward employees? 11. Is the owner/manager willing to allow time for students to receive instruction on the job? 12. Is the owner/manager receptive to allowing time for student evaluation? 13. Is the owner/manager willing to assign a training sponsor to work with students? 			
Overall Evaluation <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Unacceptable			

Teacher-Coordinator _____ Date _____

COMMUNITY EMPLOYMENT SURVEY

Name _____
Business _____
Position _____
Phone _____

NOTE: ANSWERS OR COMMENTS MADE WILL NOT PLACE ANY OBLIGATION ON YOUR BUSINESS. THIS IS FOR GENERAL INFORMATION AND PLANNING.

1. Total number of employees
a. Number of full-time employees (35 hours/week or more) _____
b. Number of part-time employees (less than 35 hours/week) _____

2. Estimated total employment in last three years. (Do not include seasonal employees).

<u>Full-Time</u>	<u>Part-Time</u>
2004 _____	2004 _____
2003 _____	2003 _____
2002 _____	2002 _____

3. Total number of new employees hired in the last calendar year.
a. Number of new employees who filled newly created positions _____
b. Number of new employees who filled vacated positions _____
c. Number of new employees without prior experience _____

4. Do you have seasonal employees (Christmas, tourism, etc.)?

Yes _____ No _____

If "yes" please indicate in the spaces provided the number(s) employed in each appropriate time period.

January – March _____	April – May _____
June – August _____	Sept – Nov _____
December _____	

5. Are you familiar with any of the high school Work-Based Learning education programs in our community? Yes _____ No _____

Please list _____

6. When you have a job opening(s), which of the following sources do you use to hire workers? (Mark the spaces which are more appropriate for each item).

		<u>Often</u>	<u>Sometimes</u>	<u>Never</u>
a.	State Employment Service	_____	_____	_____
b.	Private Employment Agencies	_____	_____	_____
c.	Advertising and Want-Ads	_____	_____	_____
d.	Friends and Relatives	_____	_____	_____
e.	Direct Company Applications (walk-ins)	_____	_____	_____
f.	High School WBL Programs* (*see # 10)	_____	_____	_____
g.	Other (Please describe)			

7. Would you be willing to hire high school Work-Based Learning students for your business?
Yes _____ No _____

If the answer is "no", please explain what is needed to make high school-trained personnel a desirable source of qualified employees.

8. Would you or one of your employees be willing to visit a public school class to explain jobs in your business? Yes _____ No _____

9. If you are having difficulty filling any jobs, please list them

10. How many students who are enrolled in high school Work-Based Learning courses do you have working in your business? (Please specify by program area.)

COMMUNITY EMPLOYMENT SURVEY

Name _____
Business _____
Position _____
Phone _____

NOTE: ANSWERS OR COMMENTS MADE WILL NOT PLACE ANY OBLIGATION ON YOUR BUSINESS. THIS IS FOR GENERAL INFORMATION AND PLANNING.

1. Total number of employees
a. Number of full-time employees (35 hours/week or more) _____
b. Number of part-time employees (less than 35 hours/week) _____

2. Estimated total employment in last three years. (Do not include seasonal employees).

<u>Full-Time</u>	<u>Part-Time</u>
2004 _____	2004 _____
2003 _____	2003 _____
2002 _____	2002 _____

3. Total number of new employees hired in the last calendar year.
a. Number of new employees who filled newly created positions _____
b. Number of new employees who filled vacated positions _____
c. Number of new employees without prior experience _____

4. Do you have seasonal employees (Christmas, tourism, etc.)?

Yes _____ No _____

If "yes" please indicate in the spaces provided the number(s) employed in each appropriate time period.

January – March	_____	April – May	_____
June – August	_____	Sept – Nov	_____
December	_____		

5. Are you familiar with any of the high school Work-Based Learning education programs in our community? Yes _____ No _____

Please list _____

6. When you have a job opening(s), which of the following sources do you use to hire workers? (Mark the spaces which are more appropriate for each item).

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>
a. State Employment Service	_____	_____	_____
b. Private Employment Agencies	_____	_____	_____
c. Advertising and Want-Ads	_____	_____	_____
d. Friends and Relatives	_____	_____	_____
e. Direct Company Applications (walk-ins)	_____	_____	_____
f. High School WBL Programs* (*see # 10)	_____	_____	_____
g. Other (Please describe)			

7. Would you be willing to hire high school Work-Based Learning students for your business?
Yes _____ No _____

If the answer is "no", please explain what is needed to make high school-trained personnel a desirable source of qualified employees.

8. Would you or one of your employees be willing to visit a public school class to explain jobs in your business? Yes _____ No _____

9. If you are having difficulty filling any jobs, please list them

10. How many students who are enrolled in high school Work-Based Learning courses do you have working in your business? (Please specify by program area.)

Integration Activities

Course	Graphic Arts	
Unit	Bindery Operation	
Competency	Pat bond stock	
Activity	Working with bindery personnel; pad a job. Find out how to read a printing Job Order and how job is to be padded, its finished size, and packaging instructions. Ask what is done with the finished job and the Job Order. Report to class on activity and explain how information is passed through the shop via the Job Order.	
Time	Workplace 30 minutes	Class 10 minutes

Course	Marketing Finance	
Unit	Financing Goods and Services	
Competency	Describe the nature and scope of financing	
Activity	Talk with employer to determine the types of financing activities in which the business is engaged. Discuss your findings with the class.	
Time	Workplace 15 minutes	

Course	Marketing	
Unit	Understanding Economics in Marketing	
Competency	Interpret the relationship between government and business	
Activity	Talk with employer to determine how the business for which you work is regulated or controlled by the government. Identify advantages and disadvantages associated with those regulations. Discuss findings with class.	
Time	Workplace 30 minutes	

Course	Child Care	
Unit	Guidance and Supervision of Children	
Competency	Evaluate child discipline alternatives	
Activity	Talk with the director to determine the discipline techniques used for the site. Is there a progressive procedure in place for staff? Determine technique most used. Which technique provides a learned skill for the child? Which technique is most beneficial for the populous? Present your findings to the class.	
Time	Workplace 20 minutes	Self study 15 minutes

Integration Activities

Course Nursing Education
Unit Reality Orientation 4.3
Competency Compare and contrast reality orientation measures used in a long term facility
Activity Identify methods of reality orientation in use by the staff of the facility. Develop two additional activities that could be appropriate for the aged resident with neurological changes. Discuss with the class.
Time Workplace 30 minutes Self study 30 minutes

Course Accounting 1
Unit Depreciation
Competency Compute the depreciation of plant assets
Activity Interview a person in the accounting department to find out the method used to depreciate the plant assets. Find out the purchase price, estimated salvage value, and years of useful life for one piece of equipment. Compute the depreciation for each year.
Time Workplace 15-30 minutes Self study 30 minutes

Course Electricity and Electronics
Unit Basic Electronic Skills
Competency Read and interpret Schematic Diagrams
Activity Talk with your employer to identify a single piece of equipment that is commonly used in that business. Examine the schematic diagram for that equipment to analyze and familiarize yourself with its operation. Compile a report of your findings and present to the class.
Time Workplace 30 minutes Self study 30 minutes

Course Pertinent to Many
Unit Exploring Career Development Opportunities
Competency Interview for a Job
Activity Ask the person responsible for hiring new employees at your place of employment to identify the main errors committed by people who interview for jobs at your company. Discuss your findings with the class.
Time Workplace 15 minutes

Integration Activities

Course	Transition
Unit	Beginning a Job
Competency	Finding places and things within a company
Activity	Draw a floor plan for your place of work. Label work areas, personnel offices, time clock, break room, and storage rooms.
Time	Self study 25 minutes

Course	Transition
Unit	Cashing or Depositing a Pay Check
Competency	Students will demonstrate understanding of safest way for cashing or depositing pay check.
Activity	Student will ask their employer how to handle a lost or stolen pay check.
Time	Workplace 10 minutes

Training Plan / Progress Report / Safety Training Record	
-----------------------------------------------------------------	--

Student Name	Work Site
Address	Address
City Zip	City Zip
Phone () Grade	Phone ()
SSN - - DOB:	Supervisor

Safety Training Plan	Training Provided By	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

See reverse side for training plan.

If additional space is needed, attach an extra sheet of paper.

Parent or Guardian	Date
Student	Date
WBL Coordinator/Supervising Teacher	Date
Related Class Teacher <i>(if different from WBL Coordinator – must be active participant in development of training plan)</i>	Date
Principal	Date
Work Site Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by the DOE and/or TDOL&WD.

Training Plan/Progress Record

Using the flowing scale, assess student's progress for each grading period.

Grading Scale 4=Skilled 3=Moderately Skilled 2=Limited Skilled 1=Unsuccessful 0=No Exposure

WORK-BASED COMPETENCIES	GRADING PERIODS							
	1	2	3	4	5	6	7	8
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								

Training Plan / Progress Report / Safety Training Record	
-----------------------------------------------------------------	--

Student Name	Work Site
Address	Address
City Zip	City Zip
Phone () Grade	Phone ()
SSN - - DOB:	Supervisor

Safety Training Plan	Training Provided By	Location	Date Provided
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

See reverse side for training plan.

If additional space is needed, attach an extra sheet of paper.

Parent or Guardian	Date
Student	Date
WBL Coordinator/Supervising Teacher	Date
Related Class Teacher <i>(if different from WBL Coordinator – must be active participant in development of training plan)</i>	Date
Principal	Date
Work Site Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by the DOE and/or TDOL&WD.

Training Plan/Progress Record

Using the flowing scale, assess student's progress for each grading period.

Grading Scale 4=Skilled 3=Moderately Skilled 2=Limited Skilled 1=Unsuccessful 0=No Exposure

WORK-BASED COMPETENCIES	GRADING PERIODS							
	1	2	3	4	5	6	7	8
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								

Work Based Learning Training Agreement

A copy of this form must be on file at the school and at the work-site while the student is participating in the WBL experience.

Student Name	Work Site
Address	Address
City Zip	City Zip
Phone () Grade	Phone ()
SSN - - DOB:	Supervisor
Job Title	Placement Date
<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Starting Wage \$ per hour

Typical Weekly Work Schedule

Day	Time of Work		Total Work Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total			

Related Course and Course Code _____

WBL Activities (Check the activity that applies)

- ☐ **Apprenticeship (Registered)**
- ☐ **Clinical**
- ☐ **Cooperative Education**
- ☐ **Internship**
- ☐ **Transition**
- ☐ **Service Learning**

We, the undersigned give permission for the above named student to participate in the WBL program, and we understand and agree to meet the requirements of the program as provided in the WBL Guide approved by the State Board of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

Parent or Guardian	Date
Student	Date
WBL Coordinator	Date
Principal School	Date
Work Site Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by the DOE and/or TDOL&WD.

VERIFY WORKERS' COMPENSATION COVERAGE: _____ YES _____ NO

(Continued on back of page 19)

WORK BASED LEARNING PROGRAM / STANDARDS (TN)

WBL

It is essential that students in both the university and technical paths have access to a system of such experiences to allow them to apply classroom theories to practical problems and to explore career options at the work-site. Structured WBL experiences may include registered apprenticeship, transition programs, cooperative education, internships, clinicals, school-sponsored enterprises, and service learning. Structured learning experiences must be related to the student's career goals and must provide close student supervision.

Structured WBL experiences may be paid or unpaid, may occur in a public, private, or non-profit organizations and may result in the attainment of elective credit. Internships and clinicals, cooperative education, and registered apprenticeships provide structured WBL experiences at the work-site. Service learning is an option for providing structured WBL experiences as special projects in the community where students provide a service and simultaneously develop skills related to their career goals. Work-site training stations may be limited in many communities; and school-sponsored enterprises may be utilized to simulate the workplace by providing WBL experiences at the school-site.

Units of high school credit per year may be granted for the combination (related instruction in the school and the on-the-job training) phases of WBL programs in accordance with Rules, Regulations and Minimum Standards, Tennessee State Board of Education, 0520-1-7.04 COORDINATION AND SUPERVISION OF STUDENT WORK EXPERIENCE.

Statutory Authority T.C.A. 49-5302 and 49-11-101

STANDARDS

Each WBL Program, in providing on-the-job training, will meet the following standards:

1. A qualified teacher/coordinator shall head up the program.
2. Jobs and training must relate to the class in which the student is receiving credit.
3. To allow some flexibility, programs with ten (10) or more placements (except for health science programs and special education transition) shall have a minimum of eighty-percent (80%) related placements with a maximum of twenty-percent (20%) non-related placements. All non-related placements will still be noted. Placements that violate child labor laws are not allowed.
4. WBL coordinators will be provided time during the regular school day to coordinate and supervise students involved in on-the-job training through part-time employment.
5. The student learner shall not displace other workers who perform such work.
6. The student learner shall not be employed in an occupation that is detrimental to the minor's health, well being and progress in school. The student learner shall make passing grades in his/her regular schoolwork and WBL training in order to remain in the program. Hours worked must be monitored for the best interest of the student.
7. The training sponsor will employ and compensate student learners in conformity with federal, state and local laws and regulations and in a manner not resulting in exploitation of the student learner for private gain.
8. An individualized training agreement and an individualized training plan will be developed for each student learner.
9. The training agreement provides that: (a) the work of the student learner in the occupations declared particularly hazardous, shall be incidental to this training, (b) such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person, (c) safety instructions shall be given by the school and correlated by the employer with on-the-job training and verification of safety instruction must be on file, (d) each written agreement shall contain the name of the student learner and shall be signed by the employer and the school coordinator or principal, (e) copies of each agreement shall be kept on file by both the school and the employer, and (f) Summary sheets must be filed with the state office.
10. The training plan must provide the student learner with the opportunity to progress through the various phases of the occupation/job. The WBL coordinator will work with the employer to develop a training plan for the student learner. The student learner must be supervised on the job.
11. The WBL experience must be conducted in accordance with the requirements of the Tennessee Child Labor Law and Federal Child Labor Provisions and Rules, Regulations, and Minimum Standards.
12. The student learner who is sixteen (16) or seventeen (17) years of age enrolled in a WBL program under a written training agreement must be employed, when possible, during school hours for a portion of his/her work week. Saturday and Sunday hours alone do not qualify for credit.
13. WBL training programs in schools operating on a twelve (12) month basis may enroll student learners during the summer months (June, July and August) provided that all the provisions and standards of the training agreement are met.
14. Students may not work in jobs in which blood-borne pathogens may be present unless they are health occupation students and have taken the hepatitis series shots and passed the Universal Precautions/Blood-borne Pathogens Test with 100% accuracy (OSHA Standards).
15. The law does not allow a student under eighteen (18) to drive vehicles to make deliveries, to sell or scan beer, or work around hazardous equipment.
16. Students cannot be given WBL credit when they are paid for other training (i.e., Guard Duty, Reserves, and Cosmetology School).
17. Students cannot be given credit for baby-sitting unless they are enrolled in a childcare class and work in a licensed child caring business.
18. Students cannot be given credit for Home Health Care unless enrolled in Health Sciences.
19. Students may work only in a licensed business (except certain Agriculture Cooperative Students).
20. The WBL coordinator must make an on-site visit to each training agency at least once during each grading period.
21. The WBL coordinator will reinforce on-the-job experiences with related classroom instruction.
22. Students will be accepted into the program and informed of jobs without regard to race, color, national origin, sex, religion, creed, disadvantaging or handicapping conditions.
23. Upon enrolling in another class in the same program of study, the student may choose to continue the job obtained for the original class. (Ex. A job for horticulture could be maintained for landscaping, a job for biology could be maintained for chemistry and the WBL coordinator has final approval for all placements).



Nash County Sheriff's Office

1234 Main Street
Robinson, TN 03030
Telephone: (123) 456-7890
Fax: (123) 456-7891
E-Mail: nashsheriff@no.city.state

June 29, 2005

To Whom It May Concern:

This letter is to verify that Pat M. Smith has been an employee of the Nash County Sheriff's Office since January 2, 2005.

If I may be of further assistance, please contact me at the above number.

Thank you.

Kelly H. Jones
Personnel Supervisor